MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010214

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Registration District No. 1 Primary Registration District No. 3008 Registrar's No. 13a

FILED APR 15 1963

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b: 1 Wk
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Osteopathic Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Clark
c. CITY OR TOWN: Kahoka
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 120 W. Main
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Lonnie Middle Eston Last Hobb

4. DATE OF DEATH: Month March Day 8 Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑

8. DATE OF BIRTH: 9/17/1919

9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Hobb

13b. MOTHER'S MAIDEN NAME: Grace Cline

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Dale Hobb Address: Farmington Iowa

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sepsis, Aspiration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchopneumonia associated with
DUE TO (c): Incoordination of Swallowing Huntington's Chorea

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bilateral Epididymo Orchitis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-28-63 to 3-8-63 and last saw her/him alive on 3-8-63
Death occurred at 8:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James F. Gipe, D.O.

22b. ADDRESS: 800 West Jefferson City

22c. DATE SIGNED: 3-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March 10 1963

23c. NAME OF CEMETERY OR CREMATORY: Chemisenburg Cemetery

23d. LOCATION (City, town, or county): Clark (State): Mo

24. FUNERAL DIRECTOR: Otis L. Gutting ADDRESS: Kahoka Mo

25. DATE REC'D. BY LOCAL REG.: 4-12-1963

26. REGISTRAR'S SIGNATURE: Dorcas W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0017		
2	0230		
3			
4	0		
5	3		
6			
7	0		
8	2		
9	355X		
10			
11			
12	2-2		
13	1-0		

BY AFFIDAVIT OF ... DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

No permit issued

JAMES F. GIPE, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert B. Harris

Licensed Embalmer No. 4219

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.